

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 7:54

DOCUMENT # 718019

1. Corporation Name

POLK ASSOCIATION OF INSURANCE AGENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



400009720634
12/27/02--01067--019 **236.25

Principal Place of Business

1129 U.S. HWY. 98 S.
LAKELAND FL 33802
US

Mailing Address

P.O. BOX 468
LAKELAND FL 33802

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STB PD	GREEN, JIM	1500 6TH ST NW	WINTER HAVEN FL 33881
D	BRANDEBERRY, BOB Bill Orr	1617 GARY RD EAST 322 MAINE EAST	LAKELAND FL 33801 Bartow, FL 33830
D	MULLING, KEVIN	208 E PARK ST	AUBURNDALE FL 33823
PD VD	BLACKWELDER, LARRY	1330 HAVENDALE BLVD	WINTER HAVEN FL 33881
DTS	Read, Johnny	1129 US. Hwy 98 South	Lake land, FL 33802

8. Name and Address of Current Registered Agent

BRANDEBERRY, BOB
%LANIER UPSHAW INC.
1129 U.S. HWY. 98 SOUTH
LAKELAND FL 33802

9. Name and Address of New Registered Agent

Name Jim Green
Street Address (P.O. Box Number is Not Acceptable)
c/o Lanier Upshaw Inc
Suite, Apt. #, Etc.
1129 US Hwy 98 South
City Lakeland State FL Zip Code 33802

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

12-18-02

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-02 867 686-2113

Daytime Phone #

CR2E040 (8/02)